

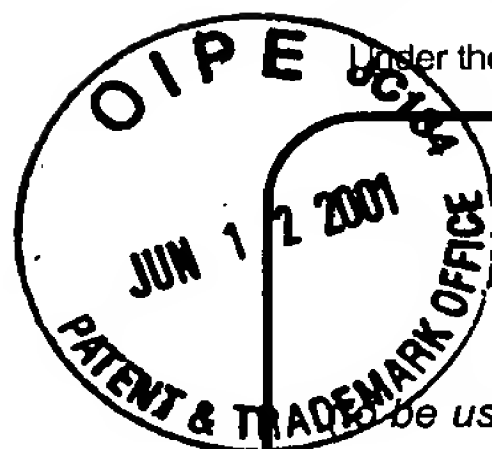
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PTO/SB/21 (08-00)

Approved for use through 10/31/2002. OMB 0651-0031

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TRANSMITTAL FORM

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Application Number	09/165,513		
	Filing Date	October 2, 1998	
	First Named Inventor	VIJAYEN, ET AL.	
	Group Art Unit	1773	
	Examiner Name	RESAN, STEVAN	
Total Number of Pages in This Submission		Attorney Docket Number	14089002540

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input checked="" type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request -2 MOS. <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input checked="" type="checkbox"/> Drawing(s) [FIGURE 8] <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): EXHIBIT A RETURN-RECEIPT POSTCARD
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Firm and Individual name	Townsend and Townsend and Crew LLP NENA BAINS	Reg No. 47,400
Signature		
Date	8 JUNE 2001	

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 FREE TRANSMITTAL for FY 2001 <small>Patent fees are subject to annual revision.</small>	Complete If Known		
	Application Number	09/165,513	
	Filing Date	October 2, 1998	
	First Named Inventor	VIJAYEN ET AL.	
	Examiner Name	RESAN, S.	
	Group Art Unit	1773	
TOTAL AMOUNT OF PAYMENT (\$) 390		Attorney Docket No.	14089002540

METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 20-1430 Deposit Account Name: Townsend and Townsend and Crew LLP <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		3. ADDITIONAL FEES			
2. <input type="checkbox"/> Payment Enclosed: <input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	710	201	355	Utility filing fee	
106	320	206	160	Design filing fee	
107	490	207	245	Plant filing fee	
108	710	208	355	Reissue filing fee	
114	150	214	75	Provisional filing fee	
SUBTOTAL (1)					(\$)
2. EXTRA CLAIM FEES					
Total Claims	-20**	=	Extra Claims	Fee from below	Fee Paid
Independent Claims	-3**	=			
Multiple Dependent		=			
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	
103	18	203	9	Claims in excess of 20	
102	80	202	40	Independent claims in excess of 3	
104	270	204	135	Multiple dependent claim, if not paid	
109	80	209	40	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$)
<small>**or number previously paid, if greater; For Reissues, see above</small>					
				Other fee (specify)	
				The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.	
				*Reduced by Basic Filing Fee Paid	
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	NENA BAINS	Registration No. (Attorney/Agent)	47,400	Telephone	650-326-2400
Signature		Date	8 JUNE 2001		

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